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ABSTRACT

A previous study examined determinants of attributions for success or failure in stopping smoking in a self-help treatment program with and without a drug component. This follow-up study examined the attributions that successful quitters made after remaining abstinent through 12 months, or after they relapsed. Subjects (N=137) had been assigned to one of three experimental conditions: (1) nicotine gum and a self-help manual with an intrinsic motivational orientation; (2) self-help manual with an intrinsic motivational orientation only; and (3) nicotine gum and a self-help manual with an extrinsic motivational orientation. Fifty patients quit smoking and returned for follow-up interviews. At each interview subjects rated how much their non-smoking or their return to smoking was influenced by their own efforts, their abilities, an unexpected event, or their doctor. Abstainers made more internal attributions and lower attributions to chance than did relapsers. Abstainers also gave credit to their physicians for success. Relapsers blamed unexpected events for their failure but did not fault their doctor. Treatment manipulation influenced attributions in that extrinsic gum abstainers attributed their success to chance more than did intrinsic abstainers. These findings suggest that relapsers given an intrinsic self-help manual may be best prepared to try quitting again since they blamed neither themselves nor their doctor, but attributed their failure to chance. (NB)

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Attributions for long-term maintenance of smoking cessation or relapse

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In this study, we examine the attributions that individuals make for their success or failure in remaining abstinent after stopping smoking with self-help treatment programs with and without a drug component. In a previous study (Harackiewicz, Sansone, Blair, Epstein, & Manderlink, 1987), we examined the determinants of attributions for success in quitting initially, and found that these attributions were associated with continued abstinence. The current study is a follow-up in which we examine the attributions that successful quitters made after remaining abstinent through 12 months, or after they relapsed.

Individuals could realistically make internal *and* external attributions for their continued success or failure. The elements of treatment and its method of presentation can influence attributions. Components may appear as internally (e.g., self-administered procedures) or externally (e.g., drug) based. Even an externally based treatment may have an internal or an external orientation. A drug program might emphasize the individual's role in using the drug, or compliance with a medical regimen. Continued success or failure with treatment can also influence attributions, with individuals more likely to internally attribute continued abstinence, but externally attribute relapse (Bradley, 1978). This self-serving bias could have a greater impact than treatment on abstainers' internal attributions and relapsers' external attributions, such that abstainers would make high internal attributions with any treatment. External attributions for continued success and internal attributions for relapse may therefore be more responsive to treatment characteristics.

Method

Fifty patients (out of 137) had stopped smoking (validated biochemically) within a three month period. They had been randomly assigned to treatment, administered by a physician: 1) Intrinsic

Self-Help: self-help manual with an intrinsic motivational orientation (n=12); 2) Intrinsic Gum: nicotine chewing gum and an intrinsic self-help manual (n=18); and 3) Extrinsic Gum: nicotine gum and an extrinsic self-help manual (n=20). The intrinsic manuals focused on individual responsibility (e.g., "Your determination and effort will be important in becoming a non-smoker"), while Extrinsic Gum highlighted the doctor's prescribed program (e.g., "Following the guidelines of this program will be important in becoming a non-smoker"). Subjects returned for follow-up interviews at three-month intervals over one year.

Dependent measures. At each interview, patients rated how much each of the following factors influenced their *continued non-smoking* or their *return to smoking*: 1) their own efforts, 2) their abilities, 3) an unexpected event, and 4) their doctor, ranging from 1 ("not at all") to 7 ("very much").

Final status attributions were measured when patients first relapsed (n=31) or after they had remained abstinent (validated biochemically) through 12 months (n=19). Effort and ability attributions were correlated ($r(50)=.49$, $p<.05$) and combined (Internal Attributions). Unexpected event and doctor attributions were uncorrelated ($r(50)=.03$) and retained as separate measures.

Results

We evaluated the impact of patients' final smoking status at 12 months (Relapser/ Abstainer) and treatment condition (Intrinsic Self-Help, Intrinsic Gum and Extrinsic Gum) in ANOVA's on attributions. Two planned contrasts were tested: 1) Intrinsic versus Extrinsic conditions (Motivational Orientation Contrast) and 2) Gum versus Self-Help conditions (Gum Contrast).

Table 1 shows the means for Final Status Attributions. A main effect of Status on Internal Attributions ($F(1,44)=26.43$, $p<.001$) showed that abstainers made more internal attributions for their continued success than relapsers did for their return to smoking. The Gum Contrast by Status interaction ($F(1,44)=4.16$, $p<.05$) indicated that Intrinsic Self-Help relapsers made the lowest internal ratings: they did not blame themselves for their failure compared to gum relapsers. All abstainers made equally high internal attributions.

The significant Status main effect on Unexpected Event ($F(1,44)=11.28$, $p<.01$) showed that relapsers made more chance attributions than abstainers. The Motivational Orientation Contrast by Status interaction ($F(1,44)=10.64$, $p<.01$) indicated abstainers in the Extrinsic Gum condition made more chance attributions compared to the Intrinsic Groups.

On Doctor ratings, there was a significant Status main effect, $F(1,44)=10.41$, $p<.01$. Abstainers made higher doctor ratings. The marginal Gum Contrast by Status interaction ($F(1,44)=3.59$, $p=.06$) suggested that gum patients who remained ex-smokers acknowledged their doctor as an important component in their continued success. The relapsers' ratings were equally low.

Discussion

Abstainers made more internal and lower attributions to chance compared to relapsers. They also gave credit to their physician for their success. Thus they acknowledged their own role as well as the importance of the person who supplied treatment. Relapsers blamed unexpected events for their failure but did not fault their doctor. The results for internal and unexpected event attributions replicated those found with attributions for initial success or failure in quitting (Harackiewicz et al., 1987) and for experimental manipulations of success and failure (Bradley, 1978; McFarland & Ross, 1982). Although doctor and unexpected event are both external factors, our results indicate that they should be considered separately.

As predicted, our treatment manipulation influenced unexpected event attributions for abstainers. Extrinsic gum abstainers attributed their success to chance more than intrinsic abstainers. Treatment externality also affected doctor attributions for those who remained ex-smokers. In this case, gum users gave their physician higher ratings than intrinsic self-help patients. They probably perceived the doctor as integral to the gum program they received.

Our manipulation also influenced relapsers' internal attributions, but not as anticipated. Intrinsic self-help relapsers made less internal attributions compared to gum users. These patients did not blame themselves for relapsing, perhaps because they recognized they hadn't received much

external help. Gum patients who relapsed, on the other hand, failed despite receiving more intensive treatment. Our findings suggest that relapsers given only an intrinsic self-help manual may be best prepared to try to quit again. They blamed neither themselves nor their doctor for their return to smoking, but attributed their failure to chance. These attributions may predict future attempts to stop smoking. We are currently examining the consequences of relapse attributions, as well as other measures we collected that pertain to the relapse episode.

Note

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Table 1

Means for Final Status Attributions

	Intrinsic Self-Help	Intrinsic Gum	Extrinsic Gum	Overall Mean
Internal attributions				
Relapsers	6.40	9.85	9.69	9.23
Abstainers	12.14	12.00	12.57	12.26
Unexpected Event Attributions				
Relapsers	5.20	5.46	4.38	4.97
Abstainers	2.14	1.20	5.00	2.95
Doctor Attributions				
Relapsers	1.60	1.46	1.46	1.48
Abstainers	1.86	3.60	4.29	3.21

Range: 2-14
Range: 1-7